

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 05, 2007 08:00 AM**

**Secretary of State**

**DOCUMENT # L04000088394**

1. Entity Name  
**J.B. INVESTMENTS, L.L.C.**



Principal Place of Business

**31250 VINE STREET  
SORRENTO, FL 32776**

Mailing Address

**PO BOX 925  
SORRENTO, FL 32776**

**DO NOT WRITE IN THIS SPACE**



02272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-2039003**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TENNEY, JAMES N  
31250 VINE STREET  
SORRENTO, FL 32776**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000654784

03/13/07-00073-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
TENNEY, JAMES N  
31250 VINE STREET  
SORRENTO, FL 32776**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
TENNEY, BARBARA J  
31250 VINE STREET  
SORRENTO, FL 32776**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Barbara J. Tenney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**02-27-07**

Date

**352-383-8940**

Daytime Phone #